

SEP 05 2006

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0661-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
<b>FY 2005</b> (Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105))			
Application Number	10/711,435	Filed	09/17/2004
For <i>Horizontal Binocular Microscope - for vertically gravitated &amp; floating samples</i>			
An Unit	2872	Examiner	Alexandro V. Amari
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	Small Entity Fee	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450		
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1690		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2180		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____		I have enclosed a duplicate copy of this sheet.	
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input checked="" type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
Signature <i>Konstantinos Zampas</i>		Date 05-09-2006	
Typed or printed name Konstantinos Zampas		Telephone Number (403) 229-3631	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>2</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Adjustment date: 01/17/2007 CKHLOK  
09/06/2006 MBINAS 00000028 10711435  
01 FC:2251

-60.00 DP

01 FC:2251

68.88 DP

09/17/2007 CKHLOK 00000001 10711435

01 FC:2252

Master C: XXXXXXXXXXXX9576

225.00 DP

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
FY 2005			
(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number	10/411,435	Filed	09/19/2004
For	Horizontal Binocular Microscope - for vertically gravitated & floating samples		
Art Unit	2872	Examiner	Alexandros V. Amari

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	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ I have enclosed a duplicate copy of this sheet.

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I am the ☒ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Signature: Konstantinos Zampes Date: 04-08-2006

Typed or printed name: Konstantinos Zampes Telephone Number: (403) 229-3631

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 2 forms are submitted.

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PTO/SB/22 (12-04)

Approved for use through 07/31/2008, OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4010).)</small>			
Application Number	10711435	Filed	09/17/2004
For	Horizontal Binocular Microscope - for vertically gravitated & floating samples		
Art Unit	2872	Examiner	Alexandros V. Amari
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ 60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.			
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I am the <input checked="" type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
Signature <i>Konstantinos Zampes</i>		Date 05-07-2006	
Typed or printed name Konstantinos Zampes		Telephone Number (403) 229-3631	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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Instant date: 01/17/2007 CKHLQK If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.  
09/06/2006 TL0111 00000017 10711435  
FC:2251 -60.00 DP

MAY 02 2006

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).)</small>		Docket Number (Optional)	
Application Number <u>10/411,435</u>		Filed <u>09/17/2004</u>	
For <u>Horizontal Binocular Microscope for vertical gravitated and floating</u>			
Art Unit <u>2872</u>		Examiner <u>Alessandro V. Amari</u>	

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Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Konstantinos Lamfes Signature 02 May 2006 Date  
Konstantinos Lamfes Typed or printed name (403) 229-3631 Telephone Number

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Adjustment date: 01/17/2007 CKHLOK  
05/02/2006 MBINAS 00000012 10711435  
01:00:2251

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

-60.00 OP

05/03/2006 MBINAS 88888812 10711435

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)
Application Number	10/711,435	Filed 09/17/2004
For	Horizontal Binocular Microscope - for vertically gravitated & floating samples	
Art Unit	2872	Examiner Alessandro V. Amari
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<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
Signature Konstandinos Zampes		Date 05-06-2006
Typed or printed name		Telephone Number (403) 229-3631
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If you need assistance in completing the form, call 1-800-PTO-8189 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

1 of 2 sheets

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>01/12/07</u>		2 Serial/Patent # <u>10/711435</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	—	9/5/06 8/4/06	\$ <sup>total refund of</sup> 75.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND		\$ 75.00						
			8 TO BE REFUNDED BY: <u>Credit Card</u>								
10 REASON:			Treasury Check								
X	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						--			
		--									
X	No Fee Due (Explanation):										
Beyond the statutory period to obtain extensions of time for response											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C.T. Donnell</u>			TITLE: <u>Pet Atty</u>								
SIGNATURE: <u>C.T. Donnell</u>			PHONE: <u>272 3211</u>								
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>CKH</u>			DATE: <u>1/17/07</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: